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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

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TO: U.S. Patent and Trademark Office
Examiner: Joseph D. Torres
Art Unit: 2133

DATE: August 27, 2002

FROM: Erin P. Madill

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 3

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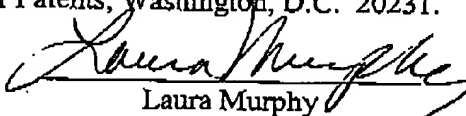
Patent Application No.: 09/871,596; Our Ref. 81754.0061

I hereby certify that the following documents:

- ☒ Amendment Transmittal
- ☒ Response to Restriction Requirement

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GROUP 2100

TELECOPY/FAX NUMBER: 703-746-7239 ART UNIT 2133

CLIENT NUMBER: 81754.0061

ATTORNEY BILLING NUMBER: 3606

CONFIRMATION NUMBER: 703-308-7066 (return fax to Diane Zynn)

FORM PTO-1083

81754.0061

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Noriyuki SARUHASHI et al.

Serial No: 09/871,596

Filed: May 30, 2001

For: Physical Layer Device Testing Method, Physical Layer
Device with Test Circuit and Transmitting/Receiving
Circuit with Test Circuits

Art Unit: 2133

Examiner: Torres, Joseph D.

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is being transmitted via facsimile to
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Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE	
TOTAL CLAIMS FEE	13	-	20	0	LG=\$18 SM=\$9	\$0	\$ 0
INDEPENDENT CLAIMS FEE	5	-	5	0	LG=\$84 SM=\$42	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: Erin P. Madill

Erin P. Madill
Registration No. 46,893
Attorney for Applicant(s)

Date: August 27, 2002

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SC
#5
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PATENT
81754.0061

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Noriyuki SARUHASHI et al.

Serial No: 09/871,596

Filed: May 30, 2001

For: PHYSICAL LAYER DEVICE TESTING
METHOD, PHYSICAL LAYER DEVICE
WITH TEST CIRCUIT AND
TRANSMITTING/RECEIVING CIRCUIT
WITH TEST CIRCUITS

Art Unit: 2133

Examiner: Torres, Joseph D.

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RESPONSE TO RESTRICTION REQUIREMENT

Box Non-Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

In response to the Restriction Requirement dated July 30, 2003, Applicant elects for prosecution the claims of Group I, 1-3.

If there are any fees due in connection with the filing of this response, please charge the fees to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: August 27, 2003

By: Erin P. Madill
Erin P. Madill
Registration No. 46,893
Attorney for Applicant(s)

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